

Re

678.13

R. W. POWELL, 1876.

BRARY
FACULTY
OGILL
IVERSITY

REPRINT FROM "THE CANADIAN PRACTITIONER," TORONTO,
JULY, 1887.

PELVIC HÆMATOCELE,

BY

R. W. POWELL, M.D.,

OTTAWA, ONT.

(Read before the Ontario Medical Association, June, 1887.)

PELVIC HÆMATOCELE.

I WOULD ask your attention a few moments to a case I propose to relate that recently came under my observation, causing me much anxiety for my patient's welfare, and much satisfaction and surprise in its happy and unlooked-for termination. I have termed the case one of pelvic hæmatocele, as I believe that term, in its wider signification, covers all those cases of blood effusion into the pelvic cavity which are bound down either by adhesions, or by the regular tissues of this region, and are thereby converted into the so-called blood tumors, and this whether the effusion be intraperitoneal, retro-, anti-, or peri-uterine, which I believe is the most common variety, and due to several causes, or extra-peritoneal, into the cellular tissue of the pelvis, which is less frequent. I would probably be more correct, and in greater accord with modern nomenclature, were I to term my case a pelvic hæmatoma, and no doubt this would indicate to the large majority of my hearers the pathological condition present.

I have made a tolerably careful search through the literature at my command, but

have not met with a case similar to the one I propose to relate, though cases of the same nature are referred to by Dr. West, M. Voisin and Bernutz, and also one by Cazeaux, and I regret not having access to the latter's cases, because in Dr. Playfair's work on the "Science and Practice of Midwifery," an aggravated case of Cazeaux is there referred to, though the details are not given. The best description of the condition as it applies to my case that I have read, I may mention, is in the work just referred to—Playfair's "Science and Practice of Midwifery."

On March 2nd, this year, I was hastily summoned to Mrs. P——, said to be in labor. On my arrival I found that she had been taken in labor at full term at noon, that it had progressed very rapidly with strong expulsive pains, and that the child, a well-developed female, had been ushered into the world quite unexpectedly by a strong expulsive effort before the mother was in proper position on the bed, she not anticipating the birth so rapidly. It was born, therefore, before I entered the house. The mother was a strong healthy woman, an artizan's wife, aged 25, and she had enjoyed excellent health throughout gestation. I recognized her as having attended her in her first labor in September 1884, when, on reference to my note-book, I find she was delivered of a healthy female child at full term, the labor being in all respects normal, and she

made at that time a rapid and complete convalescence. She informed me that since September 1884 she has had two miscarriages. I may say that on this present occasion my friend Dr. McDougall had been engaged to attend, and it was in his absence that I was summoned so hastily. I satisfied myself that there was no hæmorrhage, and moderate pressure on the fundus, which was well contracted, soon expelled the placenta. The third stage was quite normal, as was also the placenta itself, and no hæmorrhage followed; indeed, she lost less blood than usual on such occasions. I left her after careful bandaging, and she expressed herself as quite comfortable and in no pain. This was at 2.30 p.m. I sent a message to Dr. McDougall to see his patient on his return home. Within an hour a message reached me that Mrs. P—— was in great pain. I sent her a morphia powder to soothe her if pain continued. At 5 p.m. I was sent for hurriedly, the message stating that she was still suffering severely. On my arrival I found that Dr. McDougall had been there, and had given her a morphia powder, and that she had also taken my half grain, but had experienced no relief. I was struck by her appearance, which was that of acute suffering and of fear. She was blanched, her features pinched, and she complained of an agonizing pain, not in the lower abdominal region as I had supposed, but in the lowest

segment of the rectum, and as she expressed it, she wanted to pass something and could not, though she was straining quite vigorously. I at once instituted an examination, and to my horror, on passing my finger into the vagina at once encountered a firm, elastic, tense tumor filling the pelvis almost completely. The vagina was flattened towards the pubes, and I could not reach the os uteri. On rectal examination the same tumor was felt through its walls, the rectum being also flattened, not directly backwards, but rather towards the right side of the pelvis, and the sensation to the finger was the same as per vaginam, viz.: firm, tense and elastic. The hand placed on the abdomen, the fundus was felt pushed high above the pubes, and to gain slight comfort the bandage had been unpinned by the nurse half-way up. The bowels had been well cleared the morning of the labor by castor oil, and she had passed water freely before the onset of labor, and during the pains as well. I felt I had to deal with a pelvic hæmatocele, and its situation, to my mind, forbade the intraperitoneal variety. I was not alarmed as to the hæmorrhage itself, because I knew that in all likelihood it would be controlled by the pressure exerted through the pelvic viscera and cellular tissue, and, besides, her appearance rather suggested a condition of fear and nervous shock than the blanching due to excessive loss of blood. Her lips were not completely

anæmic, and her pulse was fairly good. The flattening of the vagina was such that I feared, perhaps, the lochia would be obstructed. Pain, then, was the chief symptom I had to deal with, and, as I say, it was referred entirely to the lower rectal region and about the coccyx. Dr. McD. not being expected home for 6 or 7 hours, I administered a full hypodermic dose of morphia and atropia into the coccygeal region, which soon gave complete relief, the pain not returning till about 5 or 6 a.m. the day following. About 9 a.m., 3rd March, Dr. McD. and I visited her. The symptoms had not changed. The intense pain had returned in the rectum with the desire to evacuate something; her appearance, however, had greatly improved since the preceding day. The lochia had been normal in quantity and quality. She had not passed water, so we catheterized her and again gave a hypodermic in the coccygeal region. The local pelvic condition was unaltered, but as far as I could judge the hæmorrhage had not increased, as the parts all bore about the same relative position as the afternoon before, and the tumor gave the same sensation to the touch. Dr. McD. agreed with the diagnosis, and the woman being fairly comfortable when the pain was in abeyance, and the lochia being properly established we determined to let well alone, giving a very guarded prognosis. That evening she was seen also by Dr. H. P. Wright,

who agreed with the diagnosis and course we proposed to pursue. Another hypodermic was then given.

On the morning of the 5th, at the usual visit, there was a subsidence of the symptoms, the woman expressed herself as feeling comfortable, was in no pain and had lost all sense of distress. She said that very early in the morning she felt as if something had given way, to her great relief, and on examination it was found that nature had done what art feared to interfere with, and that the cellular tissue about the ischio-rectal fossa had given way and the blood had forced its way down beneath the perineal fascia and had extravasated between the layers of cellular tissue and fascia under the skin of the inside of the left thigh and over the buttock to the outside of the hip, and no doubt also between the layers of gluteal muscles, as the left buttock felt firm and resisting in the region of the large ecchymosis. On vaginal examination there could still be felt a soft boggy swelling, quite unlike the former firm, elastic, tense one, and it was no doubt the melancholy, or rather happy, remains of the pelvic hæmatoma. No untoward symptoms occurred to mar the convalescence which was rapid and in all respects normal, and the patient was out of bed in a fortnight. The remains of the tumor were gradually and rapidly absorbed, and on the 2nd of May I had the privilege of examining her

and found no trace whatever of her former tumor. She was strong and well and her appearance did not belie her, and she was preparing to leave town for the Eastern Townships to earn a holiday.

Remarks.—Now, in considering this case, to me a most interesting one, I believe it is almost unique, though the condition, as I remarked before, is referred to casually by several authors. It is so by Meadows in his work on Midwifery, yet writing in the *Lancet* of Nov. 15th, 1873, he says he never yet met with a case of pelvic hæmatocele or thrombus where the blood was effused in the cellular tissue of the pelvis outside the peritoneum; and again he says, "In a certain number of cases, but they are in my experience very rare, the hæmorrhage occurs in connection with pregnancy, or rather with delivery, either at term or more commonly prematurely, especially during the earlier months." This must, of course, refer to the usual intraperitoneal variety when taken in connection with his former statement. I mentioned before some authors who refer to somewhat similar cases, but I have not access to the details. While speaking of the causes, Thomas says that they are predisposing, because it is rare to meet with the disease in a woman who has previously been in perfect health. In the case under discussion no bad condition of health was observable, though pregnancy was here the predisposing cause. Speaking of

the exciting causes, Thomas coincides with the other authors who have dealt with this subject, and the only one that would seem to cover our present case is given by him as "violent efforts." The most recent article is that by Lawson Tait, and he may be quoted freely as probably the highest authority on this subject, and certainly the one whose writings are the most lucid and most free from confusion and mystery. The article I refer to is the Ingleby Lecture of last September, given in full in the *Lancet* of October 30th, 1886. Speaking of extra-peritoneal hæmatocele, he says there are only two causes known to him—one very common, viz., a sudden arrest of a metrostaxis, and this may be that observed after abdominal operations, or ordinary menstruation; and the other very rare, viz., rupture of a tubal pregnancy about the 12th week. In these cases the hæmatocele takes place into the broad ligament. As to the cause of the hæmorrhage in the case we are considering, of course it is obscure, and fortunately a *post-mortem* examination did not step in in this case to throw light on the question, but it was in all probability due to rupture of one of the veins of the plexus about the cervix and upper part of the vagina. It is easy to understand that during pregnancy these veins are apt to become gorged and even varicose, just in the same way as occurs in the labia and thigh and even the

leg, and in this present case I incline to the opinion that the cause of the ruptured vein was the almost precipitate labor, for such it was at its termination, and the violent expulsive effort of the woman just as the head reached the perineum caused the vein to tear. It certainly did not take place prior to delivery, because such a tumor would have prevented anything like a rapid ending to a labor, and besides, when I delivered the placenta I would most certainly have been struck with such an abnormal condition even if the patient had not complained of pain, or of anything unusual in her sensations, and no such hæmatocele could occur without attracting her attention as to something unusual having happened. As a matter of fact, no word of complaint came from her up to the time I left the house, which was about half an hour after the delivery.

DISCUSSION.

A spirited discussion followed, and the various points of the paper were taken up. Dr. Rosebrugh mentioned a case under his care, but its characters were rather those of intraperitoneal hematocoele, the effusion being into Douglas' cul-de sac. Some of the other members having spoken on the subject, Dr. V. H. Moore, of Brockville, related an interesting case in his practice which appeared quite similar to Dr. Powell's case. It came on almost immediately

after labor in the cellular tissue post vaginam. Great pain was complained of, and the patient was in a dangerous state, so in consultation with Dr. Pickup it was decided to aspirate through the vaginal wall. This was done, the tumor emptied in that way, and the woman made a good recovery.

Dr. Powell replied to the various speakers, defending his position and his arguments keenly. He congratulated Dr. Moore on his successful issue, but took exception to his bold and heroic surgery in this particular case, holding that in such cases we were not justified in interfering unless there were decided indications, as, for example, chills, rise of temperature, or any symptoms pointing to suppuration in the blood tumor, or that it was the cause of septicæmic symptoms, inasmuch as if left to nature the blood would surely be absorbed. He thought it especially hazardous to puncture through the vaginal wall after a recent delivery, and would have preferred the rectum, if anywhere, but he must say that when it was once decided to interfere actively, the use of the aspirator by Dr. Moore left little ground for objection.

